



TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Coalition Models and Functions
Topic Collection
10/12/2016

Topic Collection: Coalition Models and Functions

Over the last decade, there has been an emergence of healthcare coalitions—groups of local healthcare and responder organizations that collaborate to prepare for and respond to emergencies. Healthcare coalitions reflect the unique needs and characteristics of local jurisdictions. The resources in this collection can help new and existing healthcare coalition members learn more about the history of coalitions, the functions and structures of effective coalitions, and how other coalitions have learned and grown from actual disasters.

Note: ASPR TRACIE has additional Topic Collections under the “[Healthcare Coalition Development and Organization](#)” category. In addition, there are numerous resources within this collection related to pediatric issues and healthcare coalitions. For additional pediatric-specific resources, visit the [ASPR TRACIE Pediatric Topic Collection](#).

The ASPR TRACIE team also welcomes plans or resources that may represent “best practices” to share with others which will be reviewed and may be selected for a Topic Collection. To share a plan or resource, contact the [ASPR TRACIE Assistance Center](#).

Each resource in this Topic Collection is placed into one or more of the following categories (click on the category name to be taken directly to that set of resources). Resources marked with an asterisk (*) appear in more than one category.

[Must Reads](#)

[Coalition Model Examples and Development Issues](#)

[Development and Management Guidance](#)

[Education and Training](#)

[Plans, Tools, and Templates](#)

[Rural/Frontier](#)

[Specific Hazard Considerations and Event Lessons Learned](#)

[Agencies and Organizations](#)

Must Reads

Barbera, J.A. and Macintyre, A.G. (2007). [Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources during Large-Scale Emergencies, Second Edition](#). U.S. Department of Health and Human Services.

This handbook describes the changes to the federal public health and medical response structure since the development of the original MSCC handbook in 2004. The MSCC Management System describes a framework of coordination of public and private entities across six tiers of response, of which tier two is the management of healthcare coalitions (see Chapter 3). This document is considered to be a foundational document for coalition development that describes the response system.

Barbera, J.A. and Macintyre, A.G. (2009). [Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This handbook describes the common elements of an effective healthcare coalition that may be applied in any locale to operationally support individual healthcare organizations and the larger community response to emergencies or disasters. It is a companion piece to the Medical Surge Capacity and Capability (MSCC) handbook, and provides tips for developing, implementing, and maintaining effective healthcare coalitions. This is considered a foundational document for coalition partners.

Centers for Disease Control and Prevention. (2015). [Community Planning Framework for Healthcare Preparedness](#).

This document includes information to help planners enhance and/or develop a community's medical surge plans. It is organized into chapters, such as: Building Planning Teams and Coalitions; Models of Healthcare Delivery; Alternate Care Systems; Essential Healthcare Services; and Crisis Standards of Care. The chapter on coalitions defines roles and responsibilities for planning teams and coalitions, and the steps necessary to determine a community's healthcare needs.

Courtney, B., Toner, E., Waldhorn, R., et al. (2009). [Healthcare Coalitions: The New Foundation for National Healthcare Preparedness and Response for Catastrophic Health Emergencies](#). *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science*. 7(2):153-6.

The authors provide an overview of the Hospital Preparedness Program and the Center for Biosecurity of the University of Pittsburgh's research for the Assistant Secretary for Preparedness and Response. The authors define healthcare coalitions, highlight their structure and functions, and illustrate how they overcame challenges.

Hanfling, D. (2013). [Role of Regional Healthcare Coalitions in Managing and Coordinating Disaster Response](#). Institute of Medicine.

This white paper was prepared for the January 2013 workshop on Nationwide Response to an Improvised Nuclear Device Attack. It focuses on the role of coalitions in catastrophic disaster event response, and how coalitions that organize to form regional networks can improve communication of resource needs and provide situational awareness. The experiences of building coalitions in the National Capital Region are also discussed.

Louisiana Hospital Association. (2013). [Louisiana ESF-8 Health and Medical Preparedness and Response Coalition](#).

This plan describes the structure, functions, and planning frameworks of the Louisiana ESF-8 Health and Medical Preparedness and Response Coalition.

Maldin, B., Lam, C., Franco, C., et al. (2007). [Regional Approaches to Hospital Preparedness](#). (Abstract only.) *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science*. 5(1): 43-54.

The authors interviewed 13 public health or hospital representatives from across the country to identify key ingredients for building successful regional partnerships for healthcare preparedness. Critical challenges, and policy and practical recommendations for their development and sustainability are discussed.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2010). [From Hospitals to Healthcare Coalitions: Transforming Health Preparedness and Response in Our Communities](#). (Accessed 10/22/2015.)

This report provides an overview of the Hospital Preparedness Program (HPP), shares profiles of grant awardees, and includes a chapter on the future of HPP.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2012). [Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness](#).

This guidance from the Office of the Assistant Secretary for Preparedness and Response (ASPR) identifies the eight capabilities (aligned with the Public Health Preparedness capabilities) that serve as the basis for healthcare system, coalition, and organization preparedness: Healthcare System Preparedness; Healthcare System Recovery; Emergency Operations Coordination; Fatality Management; Information Sharing; Medical Surge; Responder Safety and Health; and Volunteer Management.

Various Authors. (2013). [Healthcare Coalition Development](#). Florida Department of Health, Governor's Hurricane Conference.

This presentation reviews federal expectations of coalitions; basic coalition frameworks; structures and roles of coalitions in Florida; and lessons learned from coalitions planning, exercising, and responding together. It also includes a series of questions for planners to consider with regard to administration; partnership building; defining core planning teams; defining members; and challenges and barriers for consideration.

Coalition Model Examples and Development Issues

Agency for Healthcare Research and Quality. (2009). [Strengthening Regional Emergency Planning Alliances](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This report summarizes challenges and successes related to regional public health and medical response planning by Region IV's Unified Planning Coalition (UPC) and the Mid-America Alliance (MAA) in Regions VII/VIII. Information sharing, resource inventories, coalition representation and coordination, and geographic boundary considerations are discussed.

Hanfling, D. (2013). [Role of Regional Healthcare Coalitions in Managing and Coordinating Disaster Response](#). Institute of Medicine.

This white paper was prepared for the January 2013 workshop on Nationwide Response to an Improvised Nuclear Device Attack. It focuses on the role of coalitions in catastrophic disaster event response, and how coalitions that organize to form regional networks can improve communication of resource needs and provide situational awareness. The experiences of building coalitions in the National Capital Region are also discussed.

Healthcare Coalition Council of King County. (n.d). [King County Healthcare Coalition](#). (Accessed 10/22/15.) Center for Infectious Disease Research and Policy.

This presentation reviews how the coalition in King County, Washington defines coalition responsibilities; benefits to members; expectations of members; coalition governance; priorities; and planning issues. This was the original model used in the early formation of the King County Healthcare Coalition when it was based at Public Health-Seattle & King County. It is now known as the Northwest Healthcare Response Network and is a private 501c3 entity involving multiple counties.

Henderson, D., Malanoski, M., Corapi, G., et al. (2009). [Bethesda Hospitals' Emergency Preparedness Partnership: A Model for Transinstitutional Collaboration of Emergency Responses](#). (Abstract only.) *Disaster Medicine and Public Health Preparedness*. 3(3):168-73.

This article describes the creation of a partnership between the three major health care institutions in Bethesda, MD, including the impetus for, and obstacles to its creation, and its functioning and initial accomplishments.

Lee, J., Cleare, T.W., and Russell, M. (2010). [Establishing a Healthcare Emergency Response Coalition](#). Government Institutes.

This is the only book that has been published to date describing the evolution of a hospital coalition, and describes in detail, the development of the Palm Beach Health Emergency Response Coalition (HERC).

*Maldin, B., Lam, C., Franco, C., et al. (2007). [Regional Approaches to Hospital Preparedness](#). Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science. 5(1): 43-54.

The authors interviewed 13 public health or hospital representatives from across the country to identify key ingredients for building successful regional partnerships for healthcare preparedness. Critical challenges, and policy and practical recommendations for their development and sustainability are discussed.

*McCulley, K. and Sinclair, S. (2012). [Advancements in HPP Regional Healthcare Coalitions: Utah's Experience](#).

This presentation provides an overview of Utah's regional coalitions. It includes membership, organizational requirements, roles/ responsibilities, key components and functions, shared assets, and core deliverables.

McElwee, J.A. (2012). [Taking A Regional Healthcare Coalition Approach To Mitigating Surge Capacity Needs Of Mass Casualty Or Pandemic Events](#). Naval Postgraduate School Thesis.

This report provides a detailed analysis of healthcare coalition development, comparing and contrasting a number of different coalition models. It uses a case study methodology to provide qualitative analysis of three different healthcare coalitions, focused on governance, level of participation, and funding.

National Association of County and City Health Officials and the Association of State and Territorial Health Officials. (2010). [Healthcare Coalition Matrix](#).

This matrix compares and contrasts a number of different healthcare coalition models.

Rambhia, K., Waldhorn, R., Selck, F., et al. (2012). [A Survey of Hospitals to Determine the Prevalence and Characteristics of Healthcare Coalitions for Emergency Preparedness and Response](#). (Abstract only.) Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science. 10(3): 304-313.

The authors surveyed acute care hospitals across the U.S. and found that the coalition approach to disaster planning is almost universal. They provide recommendations for further development of healthcare coalitions and strategies for improving local and national preparedness.

Slemp, C. (2013). [Putting the Coalition in Context](#). West Virginia Public Health and Medical Preparedness Conference.

This PowerPoint presentation encourages the development of a strong coalition by understanding the purpose and philosophy of coalition building.

Terndrup, T., Leaming, J., Adams, R., and Adoff, S. (2012). [Hospital-Based Coalition to Improve Regional Surge Capacity](#). The Western Journal of Emergency Medicine. 13(5):445-52.

This article describes the Healthcare Facilities Partnership of South Central Pennsylvania and the effect of the coalition on enhancing surge capacity for optimization of access to hospital beds during mass casualty events over a 24-month evaluation period that used exercises and communications among partners to measure success.

*Toner, E., Ravi, S., Adalja, A., et al. (2015). [Doing Good by Playing Well with Others: Exploring Local Collaboration for Emergency Preparedness and Response](#). (Abstract only.) Health Security. 13(4): 281-289.

The authors researched the extent and quality of existing collaborations and identified factors that impede or facilitate the integration of the preparedness community. They discuss ways to strengthen collaboration, and use six key findings to inform the development of tools to help coalitions better assess and improve their own preparedness community integration.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (n.d.). [From Hospitals to Healthcare Coalitions: Transforming Health Preparedness and Response in Our Communities](#). (Accessed 10/22/2015.)

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*Various Authors. (n.d.). [Healthcare Coalitions](#). National Association of County and City Health Officials and the Association of State and Territorial Health Officials. (Accessed 10/25/2015.)

This series of presentations provides an overview of healthcare coalition models and functions from Utah (including rural/frontier coalitions), Michigan, Washington (Northwest Healthcare Response Network), Palm Beach County (FL), Texas, and Pennsylvania. The presenters are national leaders in healthcare coalition activities.

Walsh, L., Craddock, H., Gulley, K., et al. (2015). [Building Health Care System Capacity to Respond to Disasters: Successes and Challenges of Disaster Preparedness Health Care Coalitions](#). (Abstract only.) *Prehospital and Disaster Medicine*. 30(2): 112-122.

The authors interviewed nine healthcare coalition leaders to identify benefits and challenges related to healthcare coalitions and their ability to augment healthcare system preparedness for disasters. The article discusses promising practices for: stakeholder engagement; communicating value and purpose; simplifying processes; formalizing connections; and incentivizing participation.

Development and Management Guidance

Barbera, J.A. and Macintyre, A.G. (2007). [Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources during Large-Scale Emergencies, Second Edition](#). U.S. Department of Health and Human Services.

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Carrier, E., Yee, T., Cross, D., and Samuel, D. (2012). [Emergency Preparedness and Community Coalitions: Opportunities and Challenges](#). *Research Brief*. (24):1-9.

This article discusses ways to broaden emergency preparedness coalition membership of critical partners, such as nursing homes and primary care providers, by providing incentives for more stakeholders to join existing coalitions or building preparedness into activities providers are already participating in. The authors advocate for developing outcomes-based measures of success as opposed to using membership and plan development status.

Centers for Disease Control and Prevention. (2015). [Community Planning Framework for Healthcare Preparedness](#).

This document includes information to help planners enhance and/or develop a community's medical surge plans. It is organized into chapters, such as: Building Planning Teams and Coalitions; Models of Healthcare Delivery; Alternate Care Systems; Essential Healthcare Services; and Crisis Standards of Care. The chapter on coalitions defines roles and responsibilities for planning teams and coalitions, and the steps necessary to determine a community's healthcare needs.

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The authors provide an overview of the Hospital Preparedness Program and the Center for Biosecurity of the University of Pittsburgh's research for the Assistant Secretary for Preparedness and Response. The authors define healthcare coalitions, highlight their structure and functions, and illustrate how they overcame challenges.

Downey, L., Ireson, C., Slavova, S., and McKee, G. (2008). [Defining Elements of Success: A Critical Pathway of Coalition Development](#). (abstract only). *Health Promotion Practice*. 9(2):130-9.

The authors present a model that describes milestones in coalition formation. They conclude that a clear definition of the coalition structure; coalition enhancement; funding; community support; leadership; education and outreach to the community; membership; partnerships; data and evaluation; and publicity are critical to coalition formation.

Florida Department of Health. (2014). [Introduction to Healthcare Coalitions](#).

This presentation provides an overview of key planning considerations for healthcare coalitions.

McElwee, J.A. (2012). [Taking a Regional Healthcare Coalition Approach to Mitigating Surge Capacity Needs of Mass Casualty or Pandemic Events](#). Naval Postgraduate School.

This Master's Thesis discusses how governance structure, level of participation, and adequate funding influence the ability of three different coalitions to prepare for patient surge from a mass-casualty or pandemic health event. It also examines the effect of these factors on a coalition's sustainability.

Myers, L., Myers, L., and Grant, L. (2010). [The Creation of Regional Partnerships for Regional Emergency Planning](#). (Abstract only.) *Journal of Business Continuity and Emergency Planning*. 4(4):338-51.

The authors describe a model process for developing or enhancing an all-hazards regional emergency planning network among public agencies, non-governmental organizations,

faith-based organizations and the private sector to create regional collaboration and allow for scarce resource allocation during a disaster.

*Porth, L. and Gatz, J. (2013). [Healthcare Coalitions: An Emergency Preparedness Framework for Non-Urban Regions](#). Missouri Hospital Association.

This guidance is targeted to non-urban communities in Missouri developing regional healthcare coalitions. It provides guidance on coalition membership, structure, governance, and roles/ responsibilities during a response (including coordination with city, county, regional, and state partners).

*Toner, E., Ravi, S., Adalja, A., et al. (2015). [Doing Good by Playing Well with Others: Exploring Local Collaboration for Emergency Preparedness and Response](#). (Abstract only.) Health Security. 13(4): 281-289.

The authors researched the extent and quality of existing collaborations and identified factors that impede or facilitate the integration of the preparedness community. They discuss ways to strengthen collaboration, and use six key findings to inform the development of tools to help coalitions better assess and improve their own preparedness community integration.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2012). [Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness](#).

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U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2014). [Disaster Behavioral Health Coalition Guidance](#).

This document provides guidance for establishing a disaster behavioral health coalition for disaster response and recovery to facilitate communication across provider groups, coordinate behavioral health care efforts, and help identify existing and emergent needs. Checklists of guidelines for successful coalitions, ways to recruit members, and Disaster Behavioral Health Coalition activities are included.

*Various Authors. (2013). [Healthcare Coalition Development](#). Florida Department of Health, Governor's Hurricane Conference.

This presentation reviews federal expectations of coalitions; basic coalition frameworks; structures and roles of coalitions in Florida; and lessons learned from coalitions planning,

exercising, and responding together. It also includes a series of questions for planners to consider with regard to administration; partnership building; defining core planning teams; defining members; and challenges and barriers for consideration.

Walsh, L., Craddock, H., Gulley, K., et al. (2015). [Building Health Care System Capacity: Training Health Care Professionals in Disaster Preparedness Health Care Coalitions](#). (Abstract only.) *Prehospital and Disaster Medicine*. 30(2): 123-130.

The authors interviewed nine healthcare coalition leaders to identify current HCC education and training needs, challenges, and promising practices. They recommend the use of an online resource repository to help reduce the burden on individual coalitions by eliminating the need to continually develop learning opportunities for members.

Education and Training

Center for Leadership in Public Health Practice, University of South Florida Center for Leadership in Public Health Practice. (2013). [Collaborative Partnerships and Your Community-Based Disaster Coalition - Identifying, Engaging, Motivating, and Sustaining](#).

This free online training course includes three modules focused on organizing a community disaster preparedness coalition or strengthening existing coalitions. The modules include: Identifying Collaborative Partnerships; Engaging, Motivating, and Sustaining; and Sustaining Coalitions. The training also includes a course overview and final steps.

Dodgen, D., Anderson, M., Edgerton, E., et al. (2013). [Pediatric Preparedness for Healthcare Coalitions](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This 90-minute webinar provides an introduction to healthcare system preparedness for children, and a national perspective on preparedness for children in disasters. Presenters also cover improving the emergency care system for children, perspectives on creating a multi-state coalition for pediatric surge, and New York City Pediatric Disaster Coalition operational pediatric disaster planning.

Foster, R., Kagey, B.T., and Hogan, J. (2015). [FEMA Promising Practice: Whole Community Inclusion Emergency Preparedness Planning at the State Level](#). Americans with Disabilities Act National Network.

This 90-minute webinar discusses strategies for inclusion and integration of individuals with access and functional needs in coalition planning efforts. Examples from Utah and Georgia are included.

Hansen, C., Dodgen, D., Kaul, R., et al. (2014). [Integrating Behavioral Health to Strengthen Healthcare Preparedness Capabilities and Coalitions](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This 90-minute webinar reviews how behavioral health may be integrated into coalition planning to enhance all eight healthcare preparedness capabilities. Federal and other planning resources are discussed, as is ongoing work to integrate behavioral health considerations into planning in Maine, Los Angeles, Washington, D.C., and Kentucky.

*Hansen, C., Dodgen, D., Levine, C., et al. (2014). [Pediatric Preparedness for Healthcare Coalitions: Part II](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This 90-minute webinar reviews resources, strategies, and partnerships used by medical planners and healthcare coalitions to strengthen pediatric components of their jurisdiction's healthcare preparedness capabilities. Included are lessons learned from the response to Superstorm Sandy and the Alaska Shield/Hale Borealis exercise.

*Hick, J., McCulley, K., and Scott, L. (2014) [Health and Medical Coordinating Coalitions Webinar Transcript](#). (Accessed 10/22/2015.)

This webinar gives education on three coalitions (represented by each of the speakers) and the rationale behind their design. The Utah model specifically includes rural/frontier coalitions.

Kenningham, K., Koelemay, K., and King, M. (2014). [Pediatric Disaster Triage Education and Skills Assessment: A Coalition Approach](#). (Abstract only.) *Journal of Emergency Management*. 12(2):141-51.

This article describes the successful coalition-wide training for medical providers to enhance their preparedness and response skills by the King County Healthcare Coalition (now known as the Northwest Healthcare Response Network). This article provides an example of creating value for members and consistency of training across a region.

*Mason, W., Randolph, J., Boltz, R., et al. (2014). [Rural Coalition Development and Immediate Bed Availability](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This 90-minute webinar reviews the unique challenges of building and operating healthcare coalitions in rural settings. Speakers discuss policy and partnership lessons learned from a disaster in Arkansas; bed surge and mass fatality support and coordination best practices from a Greyhound bus disaster in Pennsylvania; Community Assessment Tool (CAT) implementation in Nebraska; and rural healthcare coalition development strategies used in Missouri.

*McCulley, K., Apodaca, R., Russell, M., et al. (2014). [Healthcare Coalitions–Governance and Sustainability](#). National Association of County and City Health Officials.

This 2-hour webinar includes information on how healthcare coalitions are setting up their operational governance models. Speakers provide detailed information on the formation of their coalitions, (including key decision points and foundational documents), and highlight sustainability practices being implemented. A summary matrix of information presented is available for ease of reference.

The MESH Coalition. (2013). [FEMA Reauthorization: Ensuring the Nation is Prepared](#). Testimony of Bobby A. Courtney, MESH Coalition Chief Programming Officer.

This Congressional testimony reviews the example of the MESH Coalition, and its contribution to preparedness in the State of Indiana. It reviews its many functions, and describes the model under which the coalition was established. MESH has a broader mission than just preparedness that may be an option for some coalitions.

Upton, L., Askenazi, M., and Shaw, N. (2015). [Medical Surge: Intersection of Local Public Health and Healthcare Coalitions](#). National Association of County and City Health Officials.

This webinar presents information related to the challenges faced by health systems in response to surge events, as well as coordination efforts and strategies implemented by local health departments and healthcare coalitions to achieve surge capability for health and medical services.

Plans, Tools, and Templates

Fairfax County, Virginia. (n.d.) [ESF-8 Public Health and Medical Services Plan](#). (Accessed 10/22/2015.)

This plan describes roles and responsibilities for ESF-8 partners in Fairfax County that may be useful to coalitions in developing coordination structures and plans for their communities. Fairfax County is an urban county with a population of over 1 million. Page 7 specifically outlines the roles and responsibilities of the Northern Virginia Hospital Alliance.

Illinois Department of Public Health. (2014). [Illinois Department of Public Health Emergency Support Function \(ESF\) 8 Plan](#).

This plan describes concept of operations, roles and responsibilities, and command structures for ESF-8 members in Illinois that may be useful to coalitions in developing coordination structures and plans for their communities. This plan can be used as a guidance or template for regional healthcare coalitions. Illinois has seven Public Health and Medical Service Response Regions with a state-wide population of approximately 12.8 million.

Indiana Department of Homeland Security. (2010). [Indiana Department of Homeland Security District Mutual Aid Agreement Template.](#)

This Mutual Aid Agreement template from Indiana consists of the template, instructions for using the template, and key steps for the mutual aid planning process that may be useful to coalitions. There are 10 Homeland Security Districts in Indiana, with a state-wide population of approximately 6.5 million.

Kansas Department of Health and Environment. (2013). [Healthcare Coalition Charter Template.](#)

This coalition charter template may be used by other coalitions as a model for developing their own charters. This modifiable template includes categories such as mission, membership, conducting business, leadership roles, and additional provisions. Guidance for coalitions as they complete the template is also provided in italics throughout the document.

Louisiana Hospital Association. (2013). [Louisiana ESF-8 Health and Medical Preparedness and Response Coalition.](#)

This plan describes the structure, functions, and planning frameworks of the Louisiana ESF-8 Health and Medical Preparedness and Response Coalition. Coalition membership is primarily those that have a preparedness and response function under ESF-8 such as public health, pre-hospital, and hospital assets. This plan includes sections such as ESF-8 Network Information Sharing, communication hardware/ modalities, planning framework, and cross-cutting activities/processes.

Public Health-Seattle and King County, Washington. (2015). [ESF 8 Basic Plan-Health, Medical and Mortuary Services.](#)

This plan describes concept of operations, roles and responsibilities, and command structures for ESF-8 members in King County, Washington that may be useful to coalitions in developing coordination structures and plans for their communities. This plan includes concept of operations and roles and responsibilities that involve the Northwest Healthcare Response Network (healthcare coalition). King County has a population of near 2 million.

San Luis Obispo County, California. (2013). [San Luis Obispo County Healthcare Coalition Memorandum of Understanding.](#)

This Memorandum of Understanding (MOU) for San Luis Obispo County coalition members may be used by other coalitions as a model when developing their MOUs. It includes a roles and responsibilities section and process for reimbursement, San Luis Obispo County (CA) has a population of less than 300,000.

Sonoma County, California. (2014). [Sonoma County Healthcare Coalition Governance](#).

This governance document may be used by other coalitions as a model for developing their own governance documents. It outlines the structure and process used by Sonoma County Healthcare Coalition to develop cooperative disaster capacities. It includes sections on membership, meetings, steering committee, subcommittees, and funding and staffing. Sonoma County (CA) has a population of near 500,000.

University of Iowa, College of Public Health, Upper Midwest Preparedness and Emergency Response Learning Center. (2013). [Capability-Based Training and Education Resources for Coalitions](#).

This toolkit consists of a catalog of online trainings, resources, and drills and exercises organized by each of the 15 Public Health Emergency Preparedness Capabilities. There are six sections: Community Preparedness; Community Recovery; Emergency Operations Coordination; Emergency Public Information and Warning; Fatality Management; and Information Sharing.

Utah Department of Health. (2013). Regional Coalition Tracking Reporting Tool. (Note: This resource is available in the ASPR TRACIE Information Exchange or contact ASPR TRACIE to receive a copy.)

This spreadsheet was developed to track work plan progress, measures, memberships, and progress towards meeting the Healthcare Preparedness Capabilities of regional coalitions in Utah. The tool (Excel spreadsheet) is customizable for other jurisdictions. Please log into the [ASPR TRACIE Information Exchange](#) to download a copy of the tool or contact [ASPR TRACIE](#) if you are interested in receiving the resource.

Rural/ Frontier

Fisher, S., Biesiadecki, L., and Schemm, K. (2014). [Responding to Medical Surge in Rural Communities: Practices for Immediate Bed Availability](#). National Association of County and City Health Officials.

This document summarizes promising practices that local health departments and healthcare coalitions are using to plan and execute immediate bed availability protocols in rural communities.

*Hick, J., McCulley, K., and Scott, L. (2014) [Health and Medical Coordinating Coalitions Webinar Transcript](#). (Accessed 10/22/15.)

This webinar gives education on three coalitions (represented by each of the speakers) and the rationale behind their design. The Utah model specifically includes rural/frontier coalitions.

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National Association of County and City Health Officials. (2014). [Responding to Medical Surge in Rural Communities: Practices for Immediate Bed Availability](#). Washington, DC: The National Association of County and City Health Officials.

The focus of this report is on immediate bed availability in rural healthcare settings. The authors conducted a literature review and synthesized data collected during interviews with representatives in four areas: Mississippi, Southwest Utah, Virginia, and Southeast Texas.

*Porth, L. and Gatz, J. (2013). [Healthcare Coalitions: An Emergency Preparedness Framework for Non-Urban Regions](#). Missouri Hospital Association.

This guidance is targeted to non-urban communities in Missouri developing regional healthcare coalitions. It provides guidance on coalition membership, structure, governance, and roles/ responsibilities during a response (including coordination with city, county, regional, and state partners).

*Various Authors. (n.d.). [Healthcare Coalitions](#). National Association of County and City Health Officials and the Association of State and Territorial Health Officials. (Accessed 10/25/15.)

This series of presentations provides an overview of healthcare coalition models and functions from Utah (including rural/frontier coalitions), Michigan, Washington (Northwest Healthcare Response Network), Palm Beach County (FL), Texas, and Pennsylvania. The presenters are national leaders in healthcare coalition activities.

Specific Hazard Considerations and Event Lessons Learned

*Hansen, C., Dodgen, D., Levine, C., et al. (2014). [Pediatric Preparedness for Healthcare Coalitions: Part II](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This 90-minute webinar reviews resources, strategies, and partnerships used by medical planners and healthcare coalitions to strengthen pediatric components of their jurisdiction's healthcare preparedness capabilities. Included are lessons learned from the response to Superstorm Sandy and the Alaska Shield/Hale Borealis exercise.

Harvey, M. (2014.) [Healthcare Coalition Leaders on Ebola Preparedness Webinar Transcript](#). (Accessed 10/22/2015.)

This webinar gives insight into the federal interagency cooperation and guidance on Ebola treatment in U.S. Healthcare facilities in the context of Healthcare Coalition Response.

Institute of Medicine. (2013). [Nationwide Response Issues After an Improvised Nuclear Device Attack: Medical and Public Health Considerations for Neighboring Jurisdictions](#):

[Workshop Summary, Chapter 9: Roles of Regional Healthcare Coalitions in Planning and Response](#). National Academies Press.

This report summarizes the presentations from a 2013 workshop held by the Institute of Medicine and the National Association of County and City Health Officials focused on response requirements faced by public health and healthcare systems in response to an improvised nuclear device (IND) detonation. Chapter 9 specifically discusses the roles and work of healthcare coalitions to advance regional planning for IND incidents.

*Mason, W., Randolph, J., Boltz, R., et al. (2014). [Rural Coalition Development and Immediate Bed Availability](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This 90-minute webinar reviews the unique challenges of building and operating healthcare coalitions in rural settings. Speakers discuss policy and partnership lessons learned from a disaster in Arkansas; bed surge and mass fatality support and coordination best practices from a Greyhound bus disaster in Pennsylvania; Community Assessment Tool (CAT) implementation in Nebraska; and rural healthcare coalition development strategies used in Missouri.

Agencies and Organizations

Note: The agencies and organizations listed in this section have a page, program, or specific research dedicated to this topic area.

[National Healthcare Coalition Resource Center](#).

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. [Hospital Preparedness Program](#).

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. [The Healthcare Coalition in Emergency Response and Recovery](#).

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. [Management of the Healthcare Coalition \(Tier 2\)](#).

This ASPR TRACIE Topic Collection was comprehensively reviewed in October 2015 by the following subject matter experts (alphabetical order):

Eric Alberts, BS, FPED, CHS-V, CDP-1, CHPP, CHEP, SEM, CFRP, FABCHS, Manager, Emergency Preparedness, Orlando Health, Inc. (Hospital System); **Amanda Bogard**, M.A., Barren River District Health Department; **Hillary A. Craddock**, MPH, University of Maryland;

***Craig DeAtley**, PA-C, Grant Director, Director Institute for Public Health Emergency Readiness, Washington Hospital Center; **Kelly Gulley**, Project Coordinator, National Center for Disaster Medicine and Public Health (NCDMPH), Uniformed Services University of the Health Sciences (USUHS); **Dan Hanfling**, MD (Panel Chair, Editor) Contributing Scholar, UPMC Center for Health Security, Member, InterAgency Board, Attending Physician, BestPractices, Inc. (a division of EmCare), and Clinical Professor of Emergency Medicine, George Washington University; **John Hick**, MD, HHS ASPR and Hennepin County Medical Center; **Mark Jarrett**, MD, MBA, MS, Sr. Vice President and Chief Quality Officer, Associate Chief Medical Officer, North Shore-LIJ Health System and Professor of Medicine, Hofstra – North Shore LIJ School of Medicine; **Onora Lien**, MA, Executive Director, Northwest Healthcare Response Network; **Kevin McCulley**, Public Health and Medical Preparedness Manager, Bureau of EMS and Preparedness, Utah Department of Health; **Mary Russell**, EdD, MSN, Emergency Services, Boca Raton Regional Hospital; **Sue Snider**, MA, Executive Director, Northern Virginia Hospital Alliance; and **Eric Toner**, MD, UPMC Center for Health Security.*